State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFOR	RMATION		
1. Full name of committee (as on Statement of Organization), Check if this is a new name	e		
Ratterman for Councilmann	Delegas or Cong	nella il tampioni si presenta	est were strateging and
2. Acronym or abbreviated name, if any	3. Committee tel		Section Board file number
la kind and transferin. The figure will be the total of all pages of ficheduse	(3/7	1 581-055	/
4. Mailing address (address where all campaign finance correspondence is received)	theck if this is a new a	address	echding any elleche il sche
5. City state, ZIP code / t/ // 2 3	6. Party affiliation		THE ROLLING MA HATTE
Carmel IN 46033	Re	aublican	al berlindus collemats
CANDIDATE INFORMATION (For Can			
7. Full name of candidate (include any nickname)	8. Party affiliation	or if independent	
Mark Kichard Katterman	Ky	publican	
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of res	imilton	minor of the community
TYPE OF REPORT	一大	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	and 20 must be "0")	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)	of all the training	Post-Convention	
12. Reporting period: From:	15	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	to bright hour	919.72.	
14. Cash on hand and investments January 1, current year.			919.72
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)	250,00	250-
15a. Itemized (use Schedule A)		2.98	2.98
15b. Unitemized 15c. Add lines 15a, and 15b in both columns	SUBTOTAL	25298	252.98
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	1172.70	1172.90
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		进步的 是2000年1	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	nedmino ne n	250	250-
17b. Uniterrized	s-ultra A "Jinstin	0	0
17c. Add lines 17a and 17p in both columns	SUBTOTAL	250.00	250.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	miumpe) TOTAL	922,70	922.70
	Julius) 1012	e di Art I advoe Guine erem ela	
19. Debts OWED BY the committee (use Schedule D)			
20. Debts OWED TO the committee (use Schedule E)	IDSUOV. NIV		

CERTIF	ICATI	ON
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE. CORRECT AND COMPLETE

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributons during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION		COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED	
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT			RECEIVED BY	
t. yeur \$100 within a calendar year (\$200 if regular party	Contributions: Direct In-Kind (describe)	lança lie to te etni ben everi	rbiso grillam L sde estitue est	as amen ilul er Mari Triz incha	
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	sibal yas lo a contributors contributor's	lar ine occupat tod for other an entering o	REATION: SHEET SHE	
a box. For integal anyous, be as specific as possible.	Contributions: Direct In-Kind (describe)	DI RARTIU I Lengte bray	e doca) bekin	OF GONTH	
Contributor's Occupation (# required)	Other Receipts: Interest □Loan Misc (specify)	TAG-DT-RA	BY BUTAJI	HIN B CUMI	
i. t. t.	Contributions: Direct In-Kind (describe)	standar yea	a dose to t	Gest rapes	
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ntributor's Occupation (if required)	Other Receipts: Interest □ Loan □ Misc (specify)				
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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2	s, etc.), For "miscataneous", be no specific as possible. utton, including in-stad, transfers-in or other receipts for this	Contributions: Direct In-Kind (describe)	ngiz biey as s B :800839	SINT TMUO	SOLUTION A A A A A A A A A A A A A A A A A A A
	antifications, traveling in-titod, transfera-in or other receipts	Other Receipts:	YEAR-TO-E	MULATIVE	LUMM B CL
3.	no B is the same as the entry in Column A.	Contributions: Direct In-Kind (describe)	retinelse (see le mis	the first re
	and or deposited in an apparant. For each contributions, the mber, MOT when mailed or deposited in an account to contribution for the committee. (IC 3-9-1-25)	Other Receipts:	noner, day, an ioney order, Mi i cash la acci committee	the check or e the check or e received whe Y: Enter the	Inbulges are
4	age of Screenis A. Tohers is only one page of this substitute. ONLY: Smort OW ONE LAST PAGE ONLY the lotal amount.	Contributions: Direct In-Kind (describe)	SCHEDULE LOF ALL PAR	S PAGE OF	HI JATOTE
		Other Receipts: Interest □ Loan Misc (specify)	er tilb ligse o	te calA JA etco	10 2000
i.		Contributions: Direct In-Kind (describe)			
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	SUB TOTAL TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM 15a of the Summa	A ON THE LAST PAGE ONLY	s 0		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructors on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
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	t is imperative to first the full name of the contributor.	Other Receipts: Interest □ Loan Misc (specify)	etudhinoa s SEKTO SI	pehetre seri	DRTANT W
1	ga, etc.). For "misca laneaus", he as specific as cossible. bution, including in-ld rd, transfers-in or other receipts for this	Contributions: Direct In-Kind (describe)	s yard signs ERIOD: En	HOUS BURNE LINT THUS	UMN A AMC
	contributions, including in-ideal, transfers-in or other recurpts	Other Receipts: Interest ILcan Misc (specify)	EAR-TO-DA	ULATIVE Y	UMN 3 CUM
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
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union per men # 60000 many automotics is in other 6000 toots atto	Contributions: Direct In-Kind (describe)	a blag aven of	v zedene ponus	in the Leeting
	Other Receipts: Interest OLoan Misc (specify)	RAMTO RO	RIBUTION	MOD RG 35
vice, including to find, transfers-in or other receipts 1,4 3,4	Contributions: Direct In-Kind (describe)	PERIOD: Be	SINT THUC	ISA A MIRÚ. John gelod.
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e contribution for the committee, (IC 3-9-1-25 ga of Schedule I. If there is only one page of this Schedule	Other Receipts:	CHEBULE A	Enter the PAGE OF 3 sat the TOTAL	TOTAL THIS
PARTY EAST (OF THE LAST PARKE LIVE.)) THE DAIL SHOULD BE LIVE.)	Contributions: Direct In-Kind (describe)	no erupi erd r	a no estava dne osla A ska	e dos Pous enos no sego
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	Political Party	Direct In-Kind Payment of Debt Returned Contribution Other	ments it estern	ese lisation a d partiture to a per based	on) his relation on rat to braces on the other literal
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Code		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □	ing man paragan a solven provide ch lagraco el bing a	is and paperes and other paid wasto	visiges, some unclayere a fervore Contracts, for
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE	NUMB		
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

	P	UBLIC QUESTION INFORMATION			
Enter Text of Public Question			ion as it appe		
Type of Question: Statewide Loco	al des	the public question is satestide or to	reflecty goldner	solbel and electric	the approp
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURI
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THI PERIOD
(street, number, city, state, zir code)					
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

	FILE NUMBER	FILE NUMBER			
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Page	of				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

hoger Inaudeadua voeve	o ine committee in	sans or debts owed t	previous la	so report al	you must al
BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZiP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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